Form 300-B (Rev. May 1945)
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
DIVISION OF NURSE EDUCATION

Budget Bureau
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SERIAL Nº 272224

UNITED STATES CADET NURSE CORPS
MEMBERSHIP CARD B

Name of Cadet Carmines, (Last) Nell (First) M. (Middle initial)

School of Nursing:
Elizabeth Buxton Hospital
Newport News City Va. State

Carmines, Nell M.
(Signature of cadet)

Cadet's home address:

(Number and street, or R. F. D.)

Poquoson, (City) Va. (State)
(County)

Marital status (*check one*):
Single ☐ Married ☒ Widowed ☐ Separated ☐ Divorced ☐

Occupation of father farmer

or guardian

Years of college completed (*check one*):
☐ 0 ☐ Less than 1 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ More than 4

Usual place of residence during 10 years preceding admission to Corps (designate only *one* place, that which is most typical for the period):

Va. (State) Poquoson (City or town) ☐ (Check here if farm or R. F. D.)

(Mrs) Madeline ee. Coy R.N.
(Signature of Director of School of Nursing)

See Additional Questions on Back of Card. Please check card for completeness and accuracy before signing.

Sources of Cadet's information about the Corps (check one in A and one in B):

A. How did you learn of the Cadet Nurse Corps?

1. Newspaper, daily ☐
2. Newspaper, weekly ☒
3. Magazine ☒
4. Radio ☒
5. Poster ☒
6. Graduate Nurse ☐
7. Student Nurse ☐
8. School Counselor ☐
9. Other (specify) ☐

B. Sources of further information:

1. Box 88, New York City ☐
3. Hospital or Nursing School where you had not applied ☐
2. Hospital or Nursing School where you made application ☒
4. Other (specify) ☐

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